			** PUBLIC DISCLO Short F		PY *	*		1	OMB No. 1545-1150
Forn	.99	90-EZ	Return of Organization Ex		rom	Income	Tax		
1011			Jnder section 501(c), 527, or 4947(a)(1) of the Intern	-				ons)	2017
								,	
Depa	rtment	of the Treasury	Do not enter social security numbers or		-				Open to Public
		enue Service	Go to www.irs.gov/Form990EZ for inst		the late				Inspection
			vear, or tax year beginning OCT 1, 20	17	and end		2 30,		
	heck if pplicat	ole: C Na	ne of organization				D Employ	eride	ntification number
	Addr	ress change					БÒ	1 4 1	1020
		Num	SULTS,INC. er and street (or P.O. box, if mail is not delivered to street add	recc)		Room/suite			L1039
	∃ Final	return/ 11	01 15TH STREET NW	1633)		nuulli/sulle	-		33-7100
		City	town, state or province, country, and ZIP or foreign postal co	ode			F Group E		
		Ta7 7	SHINGTON, DC 20005				Number		uon
GA		nting Method:	Cash X Accrual Other (specify)						if the organization is
		te: NRESU							o attach Schedule B
		· · ·	ck only one) — 🛄 501(c)(3) 🔀 501(c) (4) 🛋 (inse	ert no.) 🔄 49	947(a)(1)	or 527			90-EZ, or 990-PF).
			X Corporation Trust Association	Other				,	, ,
LA	dd lin	ies 5b, 6c, and 7	to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or more	, or if tota	l assets (Part I	,		
C	olumr	n (B) below) are	500,000 or more, file Form 990 instead of Form 990-EZ				🕨	\$	196,162.
Pa	art I		Expenses, and Changes in Net Assets of						
			ganization used Schedule O to respond to any question in this						<u> </u>
	1		ifts, grants, and similar amounts received					_	191,193.
	2		revenue including government fees and contracts					_	4,595.
	3	Investment inc	es and assessments me	פדד פ	СНЕО		3	_	374.
	4 5a		om sale of assets other than inventory				4		5/1.
	b		er basis and sales expenses				_		
	c c		om sale of assets other than inventory (Subtract line 5b from I				50		
	6	Gaming and fu						-	
Ð	a	-	om gaming (attach Schedule G if greater than						
nue				6a					
Revenue	b		om fundraising events (not including \$		ntribution	S			
		from fundraisin	events reported on line 1) (attach Schedule G if the sum of s	uch					
		-	d contributions exceeds \$15,000)	6b					
	C		enses from gaming and fundraising events						
	d _d		oss) from gaming and fundraising events (add lines 6a and 6t		ne 6c) I		60	1	
			ventory, less returns and allowances				_		
	b c	Gross profit or	ods sold loss) from sales of inventory (Subtract line 7b from line 7a)				70		
	8		lescribe in Schedule O)					_	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				► 9	_	196,162.
	10		ar amounts paid (list in Schedule O)					_	
	11	Benefits paid to	or for members				11	1	
es	12	Salaries, other	ompensation, and employee benefits				12	2	155,562.
sue	13		s and other payments to independent contractors					3	20,407.
Expenses	14	Occupancy, rer	, utilities, and maintenance				14	_	8,551.
ш	15		tions, postage, and shipping					_	51.
	16	•	(describe in Schedule O)				16	_	21,660. 206,231.
	17 18		Add lines 10 through 16 t) for the year (Subtract line 17 from line 9)				► 17 18	_	-10,069.
ets	10		id balances at beginning of year (from line 9)					' -	10,009.
Ass			n end-of-year figure reported on prior year's return)				19	,	5,793.
Net Assets	20		n net assets or fund balances (explain in Schedule 0)					_	0.
Z	21		nd balances at end of year. Combine lines 18 through 20				▶ 21	_	-4,276.
LHA	For		ction Act Notice, see the separate instructions.						Form 990-EZ (2017)

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Form 990-EZ (2017) RESULTS , INC .			52-14	1110	39 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res			<u></u>		X
		A) Beginning of year		• •	nd of year
22 Cash, savings, and investments		139,021.			249,743.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0)		120 001	24		
25 Total assets 26 Total liabilities (describe in Schedule 0)	······	139,021.	25		249,743.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C) 	133,228.			254,019.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		5,793.	27		-4,276.
Part III Statement of Program Service Accomplishme	`	· · ·	X (R		penses for section
Check if the organization used Schedule O to res	pond to any question	n in this Part III	<u></u>)1(c)(3)	and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE C				ganizatic hers.)	ons; optional for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		es. In a clear and concise	01	1013.)	
28 SEE SCHEDULE O				1	
28 SEE SCHEDOLE O			_		
			_		
(Create ¢) If this amount includes forsion	aranta abaali bara		28		124,565.
(Grants \$) If this amount includes foreign (29	grants, check here	····· 🕨	20	a	124,505.
			_		
			-		
(Grants \$) If this amount includes foreign	arants, check here		29	a	
30		······		α	
			_		
			_		
(Grants \$) If this amount includes foreign	arants check here		30	a	
				<u> </u>	
(Grants \$) If this amount includes foreign		r	31	a	
32 Total program service expenses (add lines 28a through 31a)					124,565.
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one of	even if not compensated - s	ee the inst		
Check if the organization used Schedule O to res					X
	(b) Average hours	(C) Reportable	d) Health	benefits,	(e) Estimated
(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contribut employee	benefit	amount of other
	position	(if not paid, enter -0-)	compension		compensation
SAM DALEY-HARRIS					
FOUNDER/DIRECTOR	2.00	0.		0.	0.
KUL GAUTAM					
CHAIRMAN	1.00	0.		0.	0.
JAN TWOMBLY					_
TREASURER	1.00	0.		0.	0.
QIANA TORREGANO					
SECRETARY	1.00	0.		0.	0.
ERNEST LEOVINSOHN				•	•
DIRECTOR	1.00	0.		0.	0.
SCOTT LECKMAN, MD, FACS				•	•
DIRECTOR	1.00	0.		0.	0.
MARIAN WRIGHT EDELMAN	1 0 0			•	0
DIRECTOR	1.00	0.		0.	0.
VALERIE HARPER	1 0 0			•	0
DIRECTOR	1.00	0.		0.	0.
ROGER HUDSON	1 0 0			0	0
DIRECTOR	1.00	0.		0.	0.
PROF. MUHAMMAD YUNUS	1 00			0	•
DIRECTOR	1.00	0.		0.	0.
PANKAJ AGARWAL	1 00			^	0
DIRECTOR	1.00	0.		0.	0.
MAXINE THOMAS	1.00			0	0
DIRECTOR	L T.00	0.		0.	0.
732172 11-22-17				Form	990-EZ (2017

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V.) V 30 Did the organization range in any significant activity not previously reported to the IRS? If Yes, "provide a detailed description of each activity in Schedule 0. State Schedule 0. State Schedule 0. 40 We can vignificant dranges in the organization or govering documents? If Yes, "tacta's a continued opy of the amended documents if they reflect a drange to the organization is anno during the year from business activities (such as hose reported or regulation have writed be activity the year for they are float by the organization for the part of Trois," provide a section 6030(e) notice, reporting, and prays tax requirements during the year 1 Tree," complete Schedule 0, part 1100," provide a section 6030(e) notice, reporting, and prays tax requirements during the year 1 Tree," complete Schedule 0, part 1100," provide a section 6030(e) notice, reporting, and prays tax requirements during the year 1 Tree, "complete Schedule 0, part 1100," provide a section 6030(e) notice, reporting, and prays tax requirements during the year 1 Tree, "complete Schedule 0, part 1100," provide a section 6030(e) notice, reporting, and prays tax requirements during the year 1 Tree, "complete Schedule 0, Part 11 31 Did the organization for form 1120-PDL to the year 210 the section for 2000 the part 2000 the section of the section for 2000 the part 2000 the section 1100 t	Form	1 990-EZ (2017) RESULTS, INC. 52–1411			Page 3
33 Diff the organization emgage in any significant activity previously reported to the IRS7 If Yes, "provide a detailed description of each any significant changes made to the organization is more. One wole, explain the change of Schedule 0 (see instructions) 33 X 34 With any significant changes made to the organization is more. One wole, explain the change of Schedule 0 (see instructions) 34 X 35 Dot the organization is each activity of the significant activity of more during the year tran basiness activities (such as those reported on line 3, 0, and the organization is each of Diric(s) organization is been to the significant disposition of mat assists during the year? If Yes, "complete applicable parts of Schedule 0. 38 X 35 D the organization is each activity, 50 ket(s), or any control to the year? If Yes, "complete applicable parts of Schedule 0. 38 X 36 D the organization is each activity, 50 ket(s), or any control to the year? If Yes, "complete applicable parts of Schedule 10. 38 X 37 Exter amount of schedule 10. 38 N/A 38 D the organization file of any match in the schedule 2. 37 X 39 Extern amount distribute dealificant, discolution, match in the instructions 38 N/A 39 D the organization file of any match in the instructions 38 N/A 30 D the organization file o	Pa				_
38 Difference of the organization engine in any significant activity in structures of the IRSP II "Vest, "provide a detailed description of seath activity in structures if they reflect a transple to the organization is controlled to (see instructions) 33 X 34 Were any significant change in the organization is none of \$1000 or more during the year from basiness activities (see that a basine reported or on here 2, 6a, and 7a, among others 7; complets Schedule 0, Context and the organization is contailed basines activities (see that a basine reported or on here 2, 6a, and 7a, among others 7; complets Schedule 0, Can it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the year ? II "Net," it is a structure of the organization basines activities (schedule 0, and a prove tax requirements of the organization and prove tax requirements of the organization and prove tax requirements of the organization or indirect, as discribed in the instructions is a structure of the organization basines activities (schedule parts of Schedule 0). 36 X 35 Oth the organization fies form 1300-140, the year? If "Net," is a structure of the organization is not or the structure of the organization the structure of the organization the structure of the organization organization the structure of the organization organization the structure of the organization the structure of the organization organization the structure of the organization organization the structure of the organization the structure of the organizatin the structure of the organ		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part		
activity in Schedule 0 33 X 4 Were any significant charges made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a charge to the organization's name. Otherwise, explain the charge on Schedule 0 (see instructions) 34 X 54 of the organization have unified to the organization's name. Otherwise, explain the charge on Schedule 0 (see instructions) 35 X 55 of thes 2, 6a, and 7a, among othersy? 55, 10 (X = 0, 10, 10, 10, 10, 10, 10, 10, 10, 10,				Yes	No
34 Were any significant charges made to the organization of powering documents? If Yes," attach a conformed copy of the arended documents if ther yrefats changes to the organizations that unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lime 2, 6a, and 7a, more of why?) 34 X 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reporting. and proxy tax requirements basis, has the organization ind a form 900-1 for the year? If Yes," provide an explanation in Schedule 0 36 X 36 Di the organization action 501(x)(4), 501(x)(5), or 501(x)(6) organization subject to section 6023(c) indice, reporting, and proxy tax requirements the form 1000-000 register the organization subgect to activity the second business activities (such as the organization subgect to indirect, as described in the instructions 37 36 X 37 Extern anount of policial experist Octavity sey are coreid by this return? 37 37 X 38 X 38 Did the organization bordrow from, or make any learns to, any officing, director, trustee, rekey many such baas made in a proxy gravity theory organization and the organization subject or indirect. Second first second	33				37
documents if they reflect a change to the organization's name. Ohrewise, explain the drange on Schedule () (see instructions) 34 X 35a Diff the organization have unreflect business goes income of \$1,000 or more during the year form business activities (such as those reported in the 2, 6a, and 7a, among others)? 35b X b 11*es to line S2a, has the organization field a form 990-11 for the year? If No; provide an explanation in Schedule () (see instructions) 36c X/A 35a X 35b X 35b X 35a X 35b X 35b X/A 35b Diff the organization aschod on bladkon, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete splicible parts 36c X 37b ZX 36b X 36b X 37c Diff the organization field form 1120-P0L for this year? 37b X 38a X 37b X 38b X 39b Section 501(c)(7) organizations. Enter amount involved 38b N/A 38a X 39b Gerea model particle bordsite L, particle and particle		,	33		
38- 0Ld the organization the unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 65, and 72, mong others)? So all not not not not not not not not not not	34		24		v
on lines 2, 6a, and 7a, among othersy? 35a X b If Yes's to lines 3b, nash the organization lined a Crew 1990-Tfor the year? If Yea, 'provide an explanation in Schedule 0 35b N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and provy tax requirements during the year? If Yea, 'complete Schedule 0, Fart II 36c X 37a Enter amount of policial expendituation, dissociation, termination, or significant disposition of net assets during the year? If Yea, 'complete applicable parts of Schedule N and 'n a prior year and still oxistanding at the end of the tax year covered by this return? 37b X 38 Jif Yea, 'complete Schedule L, Part III and enter the total amount involved 38b N/A 38 Jif Yea, 'complete Schedule L, Part III and enter the total amount involved 38b N/A 39 Invite organization. Enter amount di tax imposed on file organization etarge in any section 490 b N/A 30 Schedon 501(c)(2) organizations. Enter amount of tax imposed on managers in any section 490 b N/A 30 Schedon 501(c)(2), 501(c)(1), and 101(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons 4012, 4955, and 4955 0 40 Schedon 501(c)(2), 501(c)(2), and 101(c)(2) organizations. Enter amount of tax imposed on organization amary to a prohybite tax shelter 0	35 a		34		
b Hives'to time 35a, has the organization field a form 390-T for the year? H 1% c; provide an exploration is Schedule 0 35b N/A c Was the organization ascience 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(4) notce, reporting, and proxy tax requirements during the year? H 1% c; complete Schedule (C, Part II) 35b N/A 38 Did the organization indergo a liquidation, seconduct, termination, or significant disposition of net assets during the year? H 1% c; complete Schedule (C, Part II) 37a C 37a Enter anount of political parts of Schedule (C, Part II) 100 the organization beform 120-P0L (or this year? R 1% c; complete Schedule L, Part II and enter the total amount involved 32b N/A 38a X 33a N/A 39 Schedul 51(c)(2) organizations. Enter 33a N/A 39 Schedul 51(c)(2) organizations. Enter amount of tax posed on the organization during the year 0.00 33a N/A 30 Schedul 51(c)(2), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax insposed on organization managers or disqualified persons during the year 0.00 N/A 33a N/A 30 Schedul 51(c)(2), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax insposed on organization managers or disqualified persons during the year, 40d ti engage in an excess banefit transaction in a prory year that has not been reported on any of its return is fold (> (SSS	00 u		35a		x
c Was the organization ascetors 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), or 501(c)(6), organization subject to section 603(4), noted, reporting, and proxy tax requirements with registion undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II 'Yes,' 356 X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II 'Yes,' 366 X 37 Enter amount or political expanditures, direct or indirect, as described in the instructions 372 Q 373 38 Did the organization norm (or mise avy loss to, any officer, director, trustee, or key employee or were any such loss made in a piror year and still outstanding at the end of the tax year covered by this return? 384 N / A 39 Better amount escale covered by this return? 384 N / A 39 Better amount escale covered by this return? 384 N / A 39 Section 501(c)(7) organizations. Enter amount involved 398 N / A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year office director, trustee, or level and escale covere and still outstanding the year office director in any section 4958 excess benefit trustanceton for 400 (c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax on line 40 creinbursed	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O		N/	
36 Did the organization undergo a liquidation, termination, or significant disposition of net assets during the year? If "Yes," complete a probable parts of Schedule N 37 38 37 37 37 37 37 37 37 37 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
36 Did the organization undergo a liquidation, termination, or significant disposition of net assets during the year? If "Yes," complete a probable parts of Schedule N 37 38 37 37 37 37 37 37 37 37 <t< td=""><td></td><td>requirements during the year? If "Yes," complete Schedule C, Part III</td><td>35c</td><td></td><td>X</td></t<>		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 87a 0. 37b X b Dit the organization for Yom nor make any banks on yo fifter, director, trustee, or key employee or were any such bans made in a prior year and still outsianding at the end of the tax year covered by this return? 38b N / A 39 Dit the organization for Yom (and any banks on your fifter, director, trustee, or key employee or were any such bans made in a prior year and still outsianding at the end of the tax year covered by this return? 38b N / A 39 Section 501(c)(7) organizations. Enter antiation less and capital contributions included on line 9 38a N / A 39 Borth Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did 1e engage in an excess benefit transaction forms 990 or 990-221 lt*%s; complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disputied persons during the year under schedule 42, 563, and 485 0. . 40 X Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disputied forms 8086-17 41 Ut the directions. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes', complete Form 808-17 	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization for Form 1120-PDL for this year? 370 X 38a Did the organization horw of non, or make any dists, bany office, director, trustee, or key employee or were any such bans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 38a Did the organization fore work on or make any distort total anomation worked 38b N/A 38 Section 501(c)(7) organizations. Enter 38b N/A 40 B Gross receipts, included on the 9 for public use of club hacilities 38b N/A 40 B Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 by N/A Section 501(c)(3), 501(c)(4), and 601(c)(2) organizations. Finer amount of tax imposed on organization managers on disqualified persons during the year under sections 4912, 4953, and 4958 excess benefit transaction fun aptior year that has not been reported on any of its prior form 590 or 990-E21 W *es; complete Schedule L, Part I 0. 40 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers on disqualified persons during the year under sections 4912, 4953, and 4958 0. 41 List the states with which a copy of this return is filed SEE SCHEDULE O 21P + 4 2020-783-7100 42 The organization's books are in care of PTHE ORGANIZATION Telephone no. > 202-783-7100 21P + 4 >200005 41 List the states with which a copy of this return is filed SEE					X
38a DB the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a plori year and still outstanding at the end of the tax year covered by this return? 38a X b If Yes, "complete Schedule L, Part II and enter the total amount involved 38a N/A 39a Section 501(c)(3) organizations. Enter: 38a N/A a initiation feas and capital contributions included on line 9 N/A 39a Section 501(c)(3) organizations. Enter: 38a N/A 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year ord it lengage in any section 4958 excess benefit transaction in a plory year that has not been reported on any of its prior Forms 990 or 900-E27 If Yes," complete Schedule L, Part II 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sectors 4912, 4956, and 4955 0. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization aparty to a prohibited tax shelter transaction? If Yes," complete form 8086-T 0. 41 List the states with which a coup of this return is filed > SEE SCHEDULE O 21P + 4 ≥ 2000.5 42 List the states with which a coup of this return is filed > SEE SCHEDULE O 21P + 4 ≥ 200.5 42 Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial accountry (such a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		37
in a prior year and still outstanding at the end of the tax year covered by this return? 38a N/A b If Yes; complete Schedule L, Part II and enter the total amount involved 38b N/A 3 Section 501(c)(3) organizations. Enter 39a N/A 40 Bords recipient, included on the 9 39a N/A 5 Gress recipients, included on the 9 for public use of club facilities 39a N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engapia in an excess benefit transaction during the year, or did it engapia in an excess benefit transaction during the year, or did engapia in an excess benefit transaction during the year, or did engapia in an excess benefit transaction 4915. N/A 40b X 6 Section 501(c)(3). 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0. 41 List the states with which a copy of this return is file > SEE SCHEDULE O 100 X 42a The organization is books are in car of > PHE ORGANTZATTON Telephone no. > 2022-783-710.0 10.cated at } 1.101 15TH STREET NW, WASHINGTON, DC ZIP + 4 > 2000.5 42a Twany time during the calendary year, did the organizati			37b		X
b If Yes, "complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: 39a N/A 30 Section 501(c)(3) organizations. Enter: 39a N/A 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the yaar under: 39a N/A 30 Section 501(c)(3) of organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ N/A 5 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 pc:055 ▶ N/A 40b X c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dispatified persons during the year undiring the year, organizations. Did the organization engage in any section 4958 pc:0. √0. 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on morganization managers or dispatified persons demages escions 4917, be:0. 0. √0. 41 List the sates with which a copy of this return is filed ▶ SEE SCHEDULE O 0. 22 10 organization shoks are in care of ▶ THE ORGANIZATION Teleptonen o.▶ 2022-783-7100	38 a		200		v
39 Section 50 t(c)(7) organizations. Enter: 38 N/A 39 Bords 39 N/A 39 Gross receipts, included on line 9, for public use of club facilities 39 N/A 40 Section 50 t(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915 ▶ N/A Section 50 t(c)(3), 50 t(c)(4), and 50 t(c)(29) organizations. Did the organization engage in any section 4956 ▶ N/A 5 Section 50 t(c)(3), 50 t(c)(4), and 50 t(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4012, 4955, and 4956 ▶ 0. 0. 6 Section 50 t(c)(3), 60 t(c)(4), and 50 t(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4012, 4956, and 4956 0. 0. 6 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shetler transaction? If 'Ves,' complete Form 8806-T 40e X 11 Lit the states with which a copy of this return is field ▶ SEE SCHEDULE O 21P + 4 ≥ 20005 20005 22 The organization books are in care of ▶ THE ORGANIZAPTION to C 21P + 4 ≥ 20005 22P - 783 - 7100 20 Lit the states with which a copy of this return is field ▶ SEE SCHEDULE O 42e X 12 It organization	Ь		308		
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50 Complete	e this table for the organization'	s five highest co	mpensated employees	(other than office	rs, directors, truste	es, and key e	mployee	s) who ead	ch recei	ved more
than \$10	0,000 of compensation from th	and the second se	f there is none, enter "N	per contra de la contra competencia			Len	cane sala		
	(a) Name and title of	each employee		(b) Average per week dev	oted to compe	Reportable nsation (Forms	contrib	th benefits, utions to		stimated it of other
		N/A	10	por vicon duv		/1099-MISC)	plans, ar	ee benefit id deferred ensation		ensation
		11/21					Comp	shadion		
							Continued in a biomy of			
							ļ			
	nber of other employees paid o e this table for the organization'		mpanented independe		> arch received mo	re than \$100	000 of c	omnenest	ion fron	n tha
	tion. If there is none, enter "Non		50 C	n contractors whit	D Cacil Teceiveu IIIo	ire than \$100	,000 01 6	unipensai		1 116
the second se	Vame and business address of				(b) Type o	f service		(c) Co	ompens	ation
							+		11-11-5.55	
									100000000000000000000000000000000000000	
d. Tatal au										
	mber of other independent cont organization complete Schedule		and the second	ations must attact			ulli ann an	<u></u>	en ner mik	
	ed Schedule A								Yes	No
	s of perjury, I declare that I hav						est of my	knowledg	e and b	elief, it is
true, correct, a	nd complete. Declaration of pro	eparer (other tha	in officer) is based on a	II information of v	vhich preparer has	any knowled	1	1.1		
01	Signature of officer					in an	13 Date	406 2	019	
Sign Here	MARK BUTLER,	DIRECT	OR OF FINA	NCE						
	Type or print name and title				10-t-	Charle	1 27 1	DTIN	10	
	Print/Type preparer's name		Preparer's signature		Date	Check self- emplo	_	PTIN		
Paid	DAVID JONES		DAVID JONE	S	08/13/19	COL COMPANY	.,	P013	610	02
Preparer	Firm's name RIBIS				100/10/10		N > 52	2-185		Contraction of the second s
Use Only	Firm's address ▶1050			and had a set of the s	, SUITE	7 Phone no	and the second se)-884		
	and the second	and the second se	ID 21044							
May the IRS d	iscuss this return with the prep	arer shown abov	ve? See instructions					and the second states of the	Yes	No.
								Fo	orm 99(D-EZ (2017

732174 11-22-17

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

52-	14	1	1 (13	9

RESULTS,	INC
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990,	990-EZ, o	or 990-PF)	(2017)
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Name of organization

RESULTS, INC.

Employer identification number

52-1411039

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	-17 6	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

2017.06000 RESULTS, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

RESULTS, INC.

Employer identification number

52-1411039

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-01-17	7	Schedule B (Form	990, 990-EZ, or 990-PF

Page 3

	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or nal space is needed.	less for the year. (Enter this info. once.)	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
— - -		(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule Service Internal Revenue Service	ecific questions on information.	OMB No. 1545-0047
Name of the organization RESULTS, INC.	Employ	er identification number 1411039
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT I	NCOME :	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST		374.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
BANK AND MERCHANT CARD FEES		5,846
COMPUTER AND INTERNET		192
DUES AND SUBSCRIPTIONS		6,540
CONFERENCES AND MEETINGS		1,596
TRAVEL		1,802
INSURANCE		1,062
LICENSES AND FEES		4,622
TOTAL TO FORM 990-EZ, LINE 16		21,660
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	:S :	
DESCRIPTION	BEG. OF YEAR	END OF YEAD
DUE TO REF, A RELATED ENTITY	117,178.	242,938
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	8,824.	3,920
DEFERRED REVENUE	3,500.	3,435
GRANTS PAYABLE	3,726.	3,726
TOTAL TO FORM 990-EZ, LINE 26	133,228.	254,019.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	TO CREATE THE	POLITICAL

WILL TO END HUNGER AND THE WORST ASPECTS OF POVERTY AND TO EMPOWER

 INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

LITA FOR Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 9

2017.06000 RESULTS, INC.

Schedule C) (Form	aan or	000.E7)	(2017)	
Schedule	Ι (ΓΟΠΠ	990 01	330-EZ)	(2017)	

Name of the organization

RESULTS, INC.

POLITICAL POWER.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LEGISLATIVE ACTION TO END POVERTY - RESULTS, INC., PUSHES

FOR SPECIFIC POLICIES AND LEGISLATION TO ADDRESS POVERTY

IN THE UNITED STATES AND AROUND THE WORLD. THIS INCLUDES

WORKING DIRECTLY WITH CONGRESS AND OTHER U.S. POLICYMAKERS TO SHAPE AND

ADVANCE POLICIES, AS WELL AS SUPPORTING GRASSROOTS ADVOCATES TO LOBBY

THEIR ELECTED OFFICIALS ON HEALTH, EDUCATION, AND ECONOMIC OPPORTUNITY.

FORM 990-EZ, PART IV:

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ITS FOUNDER/DIRECTOR ARE PAID THROUGH A RELATED ORGANIZATION, RESULTS EDUCATION FUND, FOR THEIR TIME SPENT ON RESULTS, INC.

FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ: AL,AK,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OK OR, PA, RI, SC, UT, VA, WA, WV, WI

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

732212 09-07-17

Schedule O (Form 990 or 990-EZ)				Page 2
Name of the organization RESULTS, INC.		Employer identification number 52-1411039		
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	even if not compensate	ed. (see the instructions f	or Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forr W-2/1099-MISC) (If not paid, enter -0	ns (d) Health benefits, contributions to employee benefit plans and deferred	(e) Estimated amount of other compensation
STEVEN MCGEE DIRECTOR	1.00		0. 0.	0.
WILLIAM DICKERSON	1.00	- · ·	0.	0.
DIRECTOR	1.00		0. 0.	0.
S. ASHISH BALI				
DIRECTOR	1.00	0	0.	0.
JOANNE CARTER				
EXECUTIVE DIRECTOR	6.00	0	0.	0.
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